

Therapeutic Communications

Topics

- The Basic Elements of Communication
- Communication Techniques
- Patients with Special Needs

Communication Components

- Communication is the exchange of common symbols:
 - Written
 - Spoken
 - Signing or body language

Failure to Communicate (1 of 2)

- Prejudice:
 - Or lack of empathy
- Lack of privacy:
 - Inhibits the patient's responses

Failure to Communicate (2 of 2)

- External distractions:
 - Traffic, crowds, loud music, EMS radios, TVs
- Internal distractions:
 - Thinking about things other than the situation

Patience and flexibility
are hallmarks of a good
communicator.

Trust and Rapport (1 of 2)

- Use the patient's name.
- Address the patient properly.
- Modulate your voice.
- Be professional but compassionate.

Trust and Rapport (2 of 2)

- Explain what you are doing and why.
- Keep a kind, calm expression.
- Use an appropriate style of communication.

Professional Behaviors (1 of 2)

- First impressions are crucial.
- Be neat and clean.
- Practice good hygiene.
- Stay physically fit.

Professional Behaviors (2 of 2)

- Maintain an overall demeanor that is calm, capable, and trustworthy.
- Be confident, not arrogant.
- Be considerate; wipe your feet, etc.

Communication Techniques

Getting down to a patient's level can help improve communications on a pediatric call.





**An open
stance.**

**A closed
stance.**



Personal Space

- Intimate Zone – 0 to 1.5 feet
 - Visual distortion occurs
 - Best for assessing breath and other body odors
 - Need permission to be here

Personal Space

- Personal distance – 1.5 to 4 feet
 - Perceived as an extension of self
 - No visual distortion
 - Body odors not apparent
 - Much of patient interview and assessment occurs at this distance

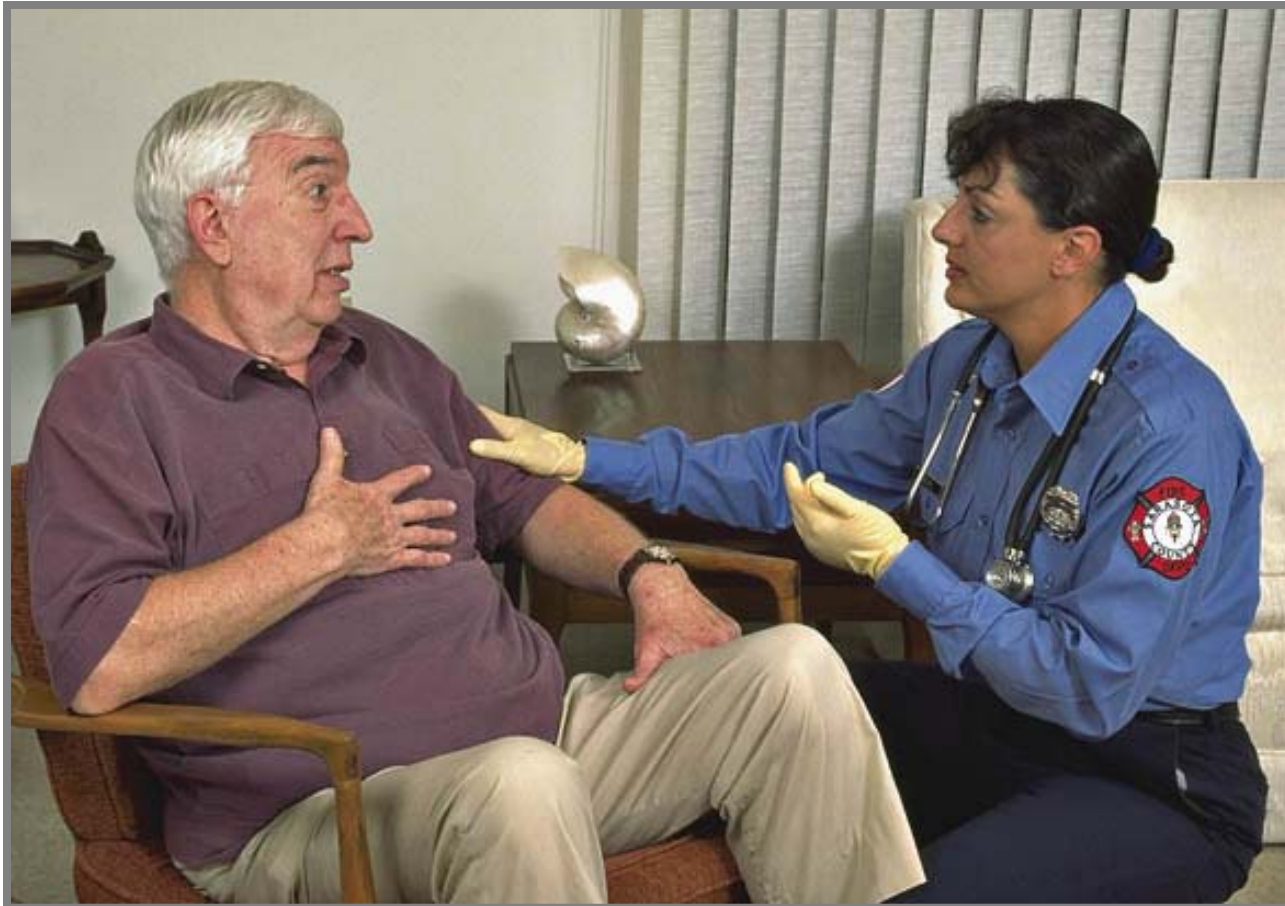
Personal Space

- Social Distance – 4 to 12 feet
 - Used for impersonal business
 - Much less perceptual information
 - Patient interview may occur at this distance
- Public Distance – 12+ feet
 - Allows impersonal interaction with others
 - Voices must be projected

Eye Contact

- Use eye contact as much as possible.
- Remember to remove sunglasses while working with patients.

Use an appropriate compassionate touch to show your concern and support.



Questioning Techniques (1 of 2)

- Use open-ended questions.
- Use direct questions.
- Do not use leading questions.
- Ask one question at a time, and listen to the complete response before asking the next.

Questioning Techniques (2 of 2)

- Use language the patient can understand.
- Do not allow interruptions.
- Repetitive persistence.

Observing the Patient

- Overall appearance
 - Clothing
 - Jewelry
- Mental status
- Speech
- Mood and energy level

Effective Listening and Feedback

- Silence
- Reflection
- Facilitation
- Empathy
- Clarification
- Confrontation
- Interpretation
- Explanation
- Summarization

Interviewing Errors

- Providing false assurances
- Giving advice
- Authority
- Using avoidance behavior
- Distancing
- Professional jargon
- Talking too much
- Interrupting
- Using “why” questions

Sources of Difficult Interviews

- Developmental age
- Patient's physical condition.
- Patient's fear of talking.
- Patient's intention to deceive.

Age Appropriate Behaviors

- Infant 0 – 1
 - Knows voice and face of parents
 - Will want to be held by parent or caregiver
 - Responds best to firm, gentle handling and a quiet, calm voice

Age Appropriate Behaviors

- Toddler 1 – 3
 - Very curious, be alert for possible poisoning
 - May be distrustful and uncooperative
 - Usually does not understand what is happening
 - Very concerned about separation from parents or caregivers

Age Appropriate Behaviors

- Preschooler 3 – 5
 - Can see the world from own perspective only
 - Able to talk but may not understand what is being said
 - Use simple words, short sentences, concrete explanations
 - May be scared and believe that what is happening is their own fault

Age Appropriate Behaviors

- School Age 6 – 12
 - More objective and realistic
 - Should cooperate and be willing to follow the lead of the parents and EMS provider
 - If parents are acting too foolish – separation may be appropriate
 - Is aware of and concerned about death
 - May need continual assurance

Age Appropriate Behaviors

- Adolescent 13 – 18
 - Acts like and adult and wants to be treated as such
 - Modesty is very important
 - Privacy is important
 - May be uncomfortable answering questions when parents are present
 - Worried about scarring and deformity
 - May become involved in “Mass Hysteria Episodes”

**Always treat elderly
patients with the
respect that they
deserve.**

Sensory Impairment

- Blindness:
 - Tell them everything you are going to do.
 - Use touch as a form of contact for reassurance.
- Hearing impairment:
 - Ask the patient what their preferred method of communication is.

Language and Cultural Considerations

- Understand that cultures vary and ethnocentrism hinders communication.
- There is additional fear when a patient cannot understand your language.
- Avoid cultural imposition.

Interpreters (1 of 2)

- If a child interprets, use an age-appropriate level.
- The emergency may cause distressing emotions, especially if the interpreter is a child.
- Speak slowly.
- Phrase questions carefully and clearly.

Interpreters (2 of 2)

- Address both the patient and the interpreter.
- Ask one question at a time, and wait for the complete response.
- The information you receive may not be reliable.
- Have patience.
- Use repetitive persistence.

Hostile or Uncooperative Patients

- Set limits and boundaries.
- Document unusual situations.
- Consider having a same-sex witness ride in the ambulance.
- If your safety is in jeopardy, keep away from the patient.

Hostile or Uncooperative Patients

- Have an appropriate show of force if necessary.
- Know local policy regarding restraints and psychological medications.
- Use law enforcement if needed.

Your Safety is Primary

- Be prepared to leave at any moment that your safety becomes doubtful
- When in doubt, stage to a safe area and call for assistance
- If you need to leave rapidly, any equipment (jump bag, monitor, oxygen kit, ambulance) is considered disposable

Transferring Patient Care

- Before patient care is transferred to you, listen to the report carefully.
- Interact with colleagues with respect and dignity.
- Give a report to the receiving nurse or doctor.
- Introduce the patient by name, and say good-bye.

Summary

- The basic elements of communication
- Communication techniques
- Patients with special needs